



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

SAN ANTONIO SPINE & REHAB  
1313 SE MILITARY DRIVE SUITE 107  
SAN ANTONIO TEXAS 78214

DWC Claim #:  
Injured Employee:  
Date of Injury:  
Employer Name:  
Insurance Carrier #:

#### **Respondent Name**

ZURICH AMERICAN INSURANCE CO

#### **Carrier's Austin Representative Box**

Box Number 19

#### **MFDR Tracking Number**

M4-11-0046-01

#### **MFDR Date Received**

September 2, 2010

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "Preauthorization obtained #100226175406."

**Amount in Dispute:** \$1,558.20

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "This case involves DOS 03/15/10-03/25/10 and appears to have \$1,558.20 in dispute. The services were denied as not reasonable necessary to treat the compensable injury per an expert peer review. Requestor asserts that preauthorization was given, but fails to provide documentation for this claim. Until such time as proof is offered, carrier will continue to deny payment for these services."

**Response Submitted by:** Flahive, Ogden & Latson

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 15, 2010 and March 18, 2010	Physical therapy services, office visit	\$683.28	\$0.00
March 22, 2010, March 24, 2010 and March 25, 2010	Physical therapy services	\$874.92	\$539.25

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.600 sets out the preauthorization, concurrent review and voluntary certification of healthcare guidelines.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- W1 – Workers Compensation State Fee Schedule Adjustment
- 283 – Based on a peer review, payment is denied because the treatment(s)/service(s) is medically unreasonable/unnecessary.

**Issues**

1. Did the requestor obtain preauthorization for the services in dispute?
2. Did the requestor bill for unbundled services?
3. Is the requestor entitled to reimbursement?

**Findings**

1. Per 28 Texas Administrative Code §134.600 Per Rule 134.600 (c)(1)(B) the Requestor provided a copy of a preauthorization letter dated February 26, 2010 for 12 visits of Physical Therapy to the right hand/right wrist with an authorization period of 02/26/2010 – 04/26/2010. The Respondent denied these sessions with denial reason “283- Based on a peer review, payment is denied because the treatment(s)/service(s) is medically unreasonable/unnecessary. Per Rule 134.600 (c)(1)(B) the Respondent shall not retrospectively review the medical necessity of a medical bill for treatments (s) and/or service (s) for which the health care provider has obtained preauthorization. The disputed services will therefore be reviewed according to the applicable guidelines.
2. Per 28 Texas Administrative Code §133.307 “(c) Requests. Requests for MFDR shall be filed in the form and manner prescribed by the division. Requestors shall file two legible copies of the request with the division. (2) Health Care Provider or Pharmacy Processing Agent Request. The requestor shall provide the following information and records with the request for MFDR in the form and manner prescribed by the division. The provider shall file the request with the MFDR Section by any mail service or personal delivery. The request shall include: (M) a copy of all applicable medical records related to the dates of service in dispute.”
  - The requestor did not submit medical documentation to support that the disputed services were rendered as billed. Therefore, reimbursement cannot be recommended for dates of service March 15, 2010 and March 18, 2010.
  - Date of service: March 22, 2010. The requestor billed 4 units of CPT code 97110, however only documented 2 units per medical documentation. The requestor is entitled to reimbursement for 2 units of 97110, two units of 97140 and one unit of G0283.
  - Date of service: March 24, 2010. The requestor billed 4 units of CPT code 97110, however only documented 2 units per medical documentation. The requestor is entitled to reimbursement for 2 units of 97110, two units of 97140 and one unit of G0283.
  - Date of service: March 25, 2010. The requestor billed 4 units of CPT code 97110, however only documented 2 units per medical documentation. The requestor is entitled to reimbursement for 2 units of 97110, two units of 97140 and one unit of G0283.
3. Per 28 Texas Administrative Code §134.203 “(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers’ compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.” CCI edits were run to help identify if the billed charges contained edit conflicts. Review of the documentation finds:
  - Date of service: March 22, 2010. The requestor billed CPT codes 97110-GP, G0283-GP and 97140-GP. No CCI edit conflicts were identified. Reimbursement is therefore recommended for disputed CPT codes 97110-GP, G0283-GP and 97140-GP x 2 units.
  - Date of service: March 24, 2010. The requestor billed CPT codes 97110-GP, G0283-GP and 97140-GP. No CCI edit conflicts were identified. Reimbursement is therefore recommended for disputed CPT codes 97110-GP, G0283-GP and 97140-GP x 2 units.
  - Date of service: March 25, 2010. The requestor billed CPT codes 97110-GP, G0283-GP, and 97140-GP. No CCI edit conflicts were identified. Reimbursement is therefore recommended for disputed CPT codes 97110-GP, G0283-GP and 97140-GP x 2 units.

4. 28 Texas Administrative Code §134.203 states in pertinent part “(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications... (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year.”
- Date of service: March 22, 2010.  
CPT code 97110 x 2 units: The fee guideline MAR amount is \$41.87/unit x 2 units = \$83.74. This amount is recommended.  
CPT code 97140 x 2 units: The fee guideline MAR amount is \$78.50. This amount is recommended.  
CPT code G0283: The fee guideline MAR amount is \$17.51. This amount is recommended.
  - Date of service: March 24, 2010.  
CPT code 97110 x 2 units: The fee guideline MAR amount is \$41.87/unit x 2 units = \$83.74. This amount is recommended.  
CPT code 97140 x 2 units: The fee guideline MAR amount is \$78.50. This amount is recommended.  
CPT code G0283: The fee guideline MAR amount is \$17.51. This amount is recommended.
  - Date of service: March 25, 2010.  
CPT code 97110 x 2 units: The fee guideline MAR amount is \$41.87/unit x 2 units = \$83.74. This amount is recommended.  
CPT code 97140 x 2 units: The fee guideline MAR amount is \$78.50. This amount is recommended.  
CPT code G0283: The fee guideline MAR amount is \$17.51. This amount is recommended.
5. The requestor is entitled to reimbursement in the amount of \$539.25 for CPT codes 97110 x 2 units, 97140 x 2 units, and G0283, rendered on March 22, 2010, March 24, 2010 and March 25, 2010 as stated above.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$539.25.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$539.25 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

### **Authorized Signature**

_____ Signature	_____ Medical Fee Dispute Resolution Officer	_____ May 14, 2013 Date
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### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**